

Medicaid and the Health Insurance Exchange

Nevada Department of Health and Human Services

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**PUBLIC
CONSULTING
GROUP**

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Agenda

- Welcome and Introductions
- Purpose of the Public Forums
- Eligibility
- Outreach, Education and Enrollment
- Covered Benefits
- Provider Networks
- Health Carriers
- Key Decisions for Nevada
- Open Discussion
- Wrap-Up and Next Steps

Purpose of the Public Forums

- Gather input from the public on key issues pertaining to the establishment of a Health Benefit Exchange.
- Provide information to the public on the State's approach to planning, designing and developing an Exchange for Nevada.
- Today's focus is on the intersection between Medicaid and the Health Insurance Exchange.
- Your input and insight will help frame the discussion and inform the decisions going forward.

Eligibility | Medicaid and CHIP (2011)

- US citizen or legal US resident (and resident of Nevada), in the country legally for at least five years
- Various income guidelines, with limited eligibility for parents
- No eligibility for childless adults (not aged, blind or disabled)
- Children in families with income up to 200% of the Federal Poverty Level (FPL) eligible for Nevada's CHIP program (Nevada Check-Up)
- Asset test for some categories of eligibility (e.g., aged, blind and disabled)

Eligibility | Medicaid and CHIP (2011)

	Infants/ Children aged 0-5	Children aged 6-18	Pregnant Women	Parents caretakers of children aged 0-18	Aged Adult	Blind Adult	Disabled Adult
					<i>(asset limit: \$2,000 for singles; \$3,000 for couples)</i>		
	Must be a U.S. citizen or permanent resident and live in Nevada						
>200% FPL							
200% FPL	CHIP	CHIP					
185% FPL			Medicaid				
133% FPL	Medicaid						
114% FPL						Couples	
100% FPL							
89% FPL		Medicaid			Couples		
87% FPL						Single	
86% FPL				If working	Single		
83% FPL							Couples
75% FPL							Single
25% FPL				If not working			

Eligibility | Medicaid and CHIP (2014)

- US citizen or legal US resident (and resident of Nevada), in the country legally for at least five years.
- All residents up to age 65 with income up to 138% of the federal poverty level (FPL):
 - ~\$15,028 for single person
 - ~\$30,843 for family of four
- No asset test for newly eligible.
- Cost of newly eligible enrollees funded 100% by federal government in 2014 – 2016.
- State's share for newly eligible enrollees will be 5% in 2017, increasing to 10% in 2020 and beyond.

Eligibility | Medicaid and CHIP (2014)

	Children Under Age 19	Pregnant Women	Adults up to Age 65	Aged Adult	Blind Adult	Disabled Adult
				<i>(asset limit: \$2,000 for singles; \$3,000 for couples)</i>		
	Must be a U.S. citizen or permanent resident and live in Nevada					
>200% FPL						
200% FPL	CHIP					
185% FPL	Medicaid	Medicaid				
138% FPL		Medicaid				
114% FPL					Couples	
100% FPL					Couples	
89% FPL					Single	
87% FPL						
86% FPL						
83% FPL						Couples
75% FPL						Single

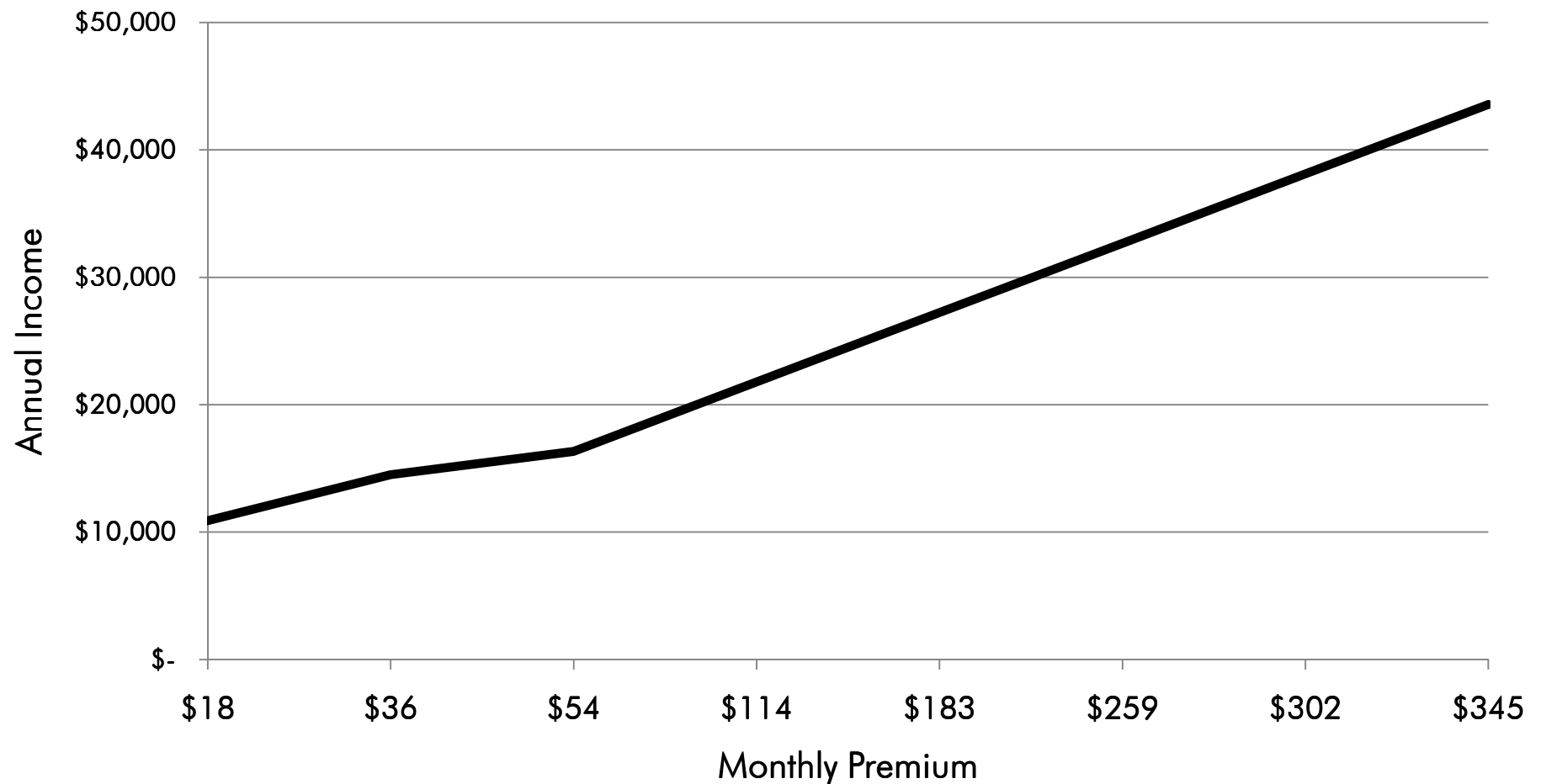
Eligibility | Health Insurance Exchange (2014)

Individuals and families:

- Legal US resident (and resident of Nevada), but no five-year waiting period required;
- Not otherwise eligible for Medicaid or Medicare;
- Not offered employer-sponsored insurance that is:
 - (1) Affordable (i.e., does not exceed 9.5% of person's income), and
 - (2) meets minimum actuarial value standard of 60%
- Subsidies available to individuals and families with income between 139% and 400% of the federal poverty level (FPL).
 - ~\$15,029 to \$43,500 for single person
 - ~\$30,844 to \$88,200 for family of four

Exchange | Subsidized Health Coverage

Minimum Monthly Premiums for Single Coverage



Outreach, Education and Enrollment | The Role of Medicaid and the Exchange

- As many as 145,000 residents may become eligible for Nevada Medicaid in 2014.
- Over 250,000 residents may be eligible for premium subsidies through the Silver State Health Insurance Exchange.
- State is establishing a single, streamlined eligibility and enrollment process for all subsidized health coverage programs (Medicaid, Nevada Check-Up, Exchange).
- Medicaid and Exchange's customer service units will need to coordinate their activities with multiple parties – including health insurers, providers, brokers, community organizations and “Navigators.”

Navigators | What are they and what will they do?

- Conduct public education activities to raise awareness of the availability of subsidized coverage and qualified health plans available through the Exchange;
- Distribute information on enrollment and the availability of premium subsidies and cost sharing reductions;
- Facilitate enrollment in qualified health plans;
- Refer people to the appropriate agency if they have questions, complaints, or grievances; and
- Provide information in a culturally and linguistically appropriate manner.

Navigators | Who are they?

- Pursuant to the Affordable Care Act, Navigators are entities that have established, or can readily establish, relationships with employers, employees, consumers, and/or self-employed individuals, including, but not limited to:
 - Trade, industry, unions and professional associations;
 - Chambers of commerce;
 - Community-based non-profits
 - Brokers/Agents;
 - Community-based; and
 - Faith-based organizations.

Covered Benefits | Medicaid and the Exchange

- Medicaid and the Exchange's health plans must cover “essential health benefits”
 - Ambulatory services
 - Emergency services
 - Hospitalization
 - Maternity and newborn care
 - Mental health and substance use disorder services, including behavioral health treatment
 - Prescription drugs
 - Rehabilitative and habilitative services and devices
 - Laboratory services
 - Preventive and wellness services and chronic disease management
 - Pediatric services, including oral and vision care
- Medicaid must also cover early screening for children (EPSDT)

Covered Benefits | Medicaid's Newly Eligible

- Medicaid benefits for “newly eligible” individuals may differ from benefits provided to currently eligible Medicaid beneficiaries.
- Medicaid “Benchmark Plans” may be equal to coverage provided by:
 - Federal Employees Health Benefits Plan;
 - Health plan offered to State employees; or,
 - HMO plan with the largest enrollment in Nevada.
- Benchmark Plans must meet other Medicaid requirements, including covering transportation, family planning services, and care provided by rural health clinics and FQHCs.

Covered Benefits | Exchange

- U.S. Secretary of Health and Human Services is responsible for defining “essential health benefits.”
- Exchange will have some flexibility to determine the types of plans offered and the level of benefits (e.g., co-payments, co-insurance, deductibles).
- Extent to which benefits are standardized within each tier (i.e., Platinum, Gold, Silver, Bronze and Catastrophic) will need to be balanced against market flexibility and creativity.
- Wider variation in health plan options will require more sophisticated outreach, education, and enrollment.

Provider Networks | Medicaid and the Exchange

- People will likely cycle between Medicaid and coverage through the Exchange.
- One study estimates that up to 50% of enrollees may shift between the Exchange and Medicaid.
- State will need to consider ways to encourage providers (i.e., physicians, hospitals, clinics, etc.) to participate in both Medicaid and health plans offered through the Exchange.
- Exchange will need to develop criteria for certifying “qualified health plans,” including provider networks that must include “essential community providers” – FQHCs, clinics, disproportionate share hospitals (DSH).

Health Carriers | Medicaid and the Exchange

- State's Medicaid program currently contracts with two Managed Care Organizations (MCOs) – Amerigroup and Health Plan of Nevada – for enrollees in Clark and Washoe Counties.
- Exchange will need to develop criteria for certifying “qualified health plans” to be offered on the Silver State Health Insurance Exchange.
- In some families, individual members may be covered by Medicaid or Nevada Check-Up, while others may be covered through the Exchange.
- State may want to encourage health carriers to participate in both Medicaid/Check-Up and the Exchange.

Exchange | Key Decisions for Nevada

- How can the State establish a streamlined eligibility determination process that will enable residents to apply for all medical assistance programs?
- What types of outreach and education will be necessary to reach different groups of people who will become newly eligible for subsidized coverage programs?
- What organizations and entities can the Exchange leverage to assist with outreach, education and enrollment?
- What types of benefits and services should be made available to individuals and families who will become newly eligible for Medicaid as a result of the 2014 expansion?

Exchange | Key Decisions for Nevada

- How should the covered benefits in Exchange plans align with benefits in the Medicaid program?
- How can the State and the Exchange encourage providers to participate in the Medicaid MCOs' and Exchange health plans?
- How can the State and the Exchange entice existing Medicaid MCOs to offer a commercial insurance product and/or commercial insurers to offer a Medicaid product?
- Can the State and the Exchange develop a unified purchasing strategy?

Next Steps

- Legislation establishing Silver State Health Insurance Exchange being considered by State Legislature.
- Strategic plan and roadmap to establish an Exchange being developed.
- Focus is shifting from planning to implementation.
- Additional federal funding available to establish Silver State Health Insurance Exchange.
- Ongoing opportunities to receive feedback and input from the public.